


UHIP Governance Committee Meeting ~ March 21, 2017


Attendees: Jeanmarie Mayer-U of U Hospital, Sara Phillips-HealthInsight, Sandra DeBry – HealthInsight, Rhonda Hensley-ARUP, Wayne Kinsey-Promise Hospital, Pam Clark – Utah APIC Chapter & Lakeview Hospital, Rouett Abouzelof – Primary Children’s Hospital, Susan Mottice-UDOH, Karla Matheson-UDOH, Allyn Nakashima-UDOH, Karen Singson-UDOH, Lindsay Snodgrass – UDOH

On the Phone: Kristin Dascomb-Intermountain Healthcare, Carrie Taylor – Intermountain Medical Center, Cathy Gray – University of Utah Hospital, Mark Fischer – ARUP, Mary Jordan – Jordan Valley Hospital, Adi Gundlapalli – Landmark Hospital, Patti Watkins – Salt Lake Regional Hospital, Steve Mikelson – Utah County Health Department, Randall Probst – Wasatch County Health Department


Action Items Highlighted in Yellow

Agenda Item	Resp. Person	Discussion
Welcome and Introduction	Dr. Mayer	Welcome and introductions were made on phone and in the room. Meeting minutes from December 2016 meeting had previously been approved and accepted.
Antimicrobial Resistance Prevention – Healthcare associated pan-resistant <i>Acinetobacter baumannii</i> infections, 2016- 2017	Dr. Mottice	<p>Dr. Mottice reviewed Utah Department of Health (UDOH) current investigation processes for carbapenem resistant Enterobacteriaceae (CRE) and <i>Acinetobacter baumannii</i> (CRAB). Previous processes focused prevention processes, e.g. communication of a patient’s infectious status to receiving facility from the transferring facility, and appropriate cleaning and disinfection practices. Increasing numbers of CRE and CRAB are being reported by facilities to the UDOH. This data is being analyzed to determine true cases. <i>Fifty three cases of highly resistant Acinetobacter baumannii</i> have been reported since 2010. Nine of these cases were reported since June 2016. The HAI/AR Program is currently investigating associations, locations and timing of these recent cases with the Salt Lake Valley Health Department. Dr. Mottice also encouraged using the UDOH death record data base (EDEN) to improve prevalence tracking.</p> <p>The HAI/AR Program is also refocusing our response to be more timely recognition, investigation and response. To facilitate more timely action, the UDOH might need to propose changes to Utah’s Communicable Disease Reporting Rule to require labs to submit suspect CRE and CRAB isolates to a public health laboratory for validation and outbreak testing. At the meeting, labs were encouraged to save highly resistant isolates at least for two weeks so that further testing may occur if needed. The CD Rule also needs to be revised to specify to reporters that all labs indicate the presence of a CRE or CRAB and all prior cases and carbapenemase testing, surveillance testing, and no suppressed antimicrobial reporting.</p> <p>Some facilities suppress reporting of antimicrobial susceptibility results to facilitate antimicrobial stewardship. Ms. Singson sent a survey prior to today’s meeting to hospitals’ epidemiologists to discuss stakeholder situational awareness of micro results to develop reporting guidance for facilities. Ms. Singson will resend the survey to determine participant availability for this meeting.</p> <div style="text-align: center;">  CRE for uhip gc 21Mar2017 (2).pptx </div>

UHIP Governance Committee Meeting ~ March 21, 2017

<p>Antimicrobial Resistance Prevention – CRE Prevalence Survey</p>	<p>Dr. Nakashima</p>	<p>Further planning for a regional CRE Prevalence Survey have been worked on by members of the UHIP GC since our December 2016 meeting. Due to the suspected high prevalence of highly resistant <i>Acinetobacter baumannii</i> (AB), it was suggested that carbapenem resistant AB be included in the regional CRE Prevalence Survey. Rectal swabs are indicated for CRE colonization testing. Wound or tracheal aspirates are indicated for AB colonization testing. Due to multiple body sites and fluids needed to include AB in the survey, the UHIP GC decided not to include AB in the Prevalence Survey. If AB is detected in the Prevalence Survey, however, isolates will be saved for further susceptibility testing.</p> <p>Dr. Mayer cited previous prevalence surveys performed by Chicago and Maryland. These surveys indicated that targeting high risk patient population, e.g. ventilated patients, will yield better results by reducing the number of test patients and yielding a greater positive specimen outcome. Dr. Mayer will use EpiCenter funds to conference with Mary Hayden from Chicago for prevalence testing guidance. Dr. Mayer will also network with Dr. Mark Fisher, ARUP, and Dr. Bert Lopansri, Intermountain Healthcare Central Laboratory, to determine testing guidance. Mr. Gruninger, from the UDOH HAI/AR Program, will assist with testing guidance as well. The Maryland and Chicago studies are attached with the minutes for committee review.</p> <p>Dr. Nakashima questioned the need for Institutional Review Board approval for the Prevalence Survey. Dr. Mayer will check with the University of Utah and Dr. Dascomb will check with Intermountain Healthcare. As planned, thus far, patients will be given the opportunity to opt out of the survey, but will not need to give written consent to participate.</p> <p>Dr. Nakashima and Mr. Gruninger will finalize testing guidance. Mr. Gruninger will schedule a meeting together with region lab directors and infectious disease physicians on the UHIP GC. Suppressed reporting will also be discussed during this meeting.</p>
<p>Antibiotic Stewardship Training for Utah's Non-Affiliated Critical Access Hospitals</p>	<p>Ms. Singson</p>	<p>As identified in our December 2016 meeting, our critical care nonaffiliated facilities, the Rural Nine Group, are in the most need of the Antibiotic Stewardship (AS) training. They would like a one day training and are available on May 18th. UDOH and HealthInsight will partner together to help provide training. Area ID physicians and pharmacists have indicated interest to help provide training. Ms. Singson will work with the Rural Nine Group and HealthInsight to provide AS training for the Rural Nine Group.</p> <p>Ms. DeBry, from HealthInsight, discussed HealthInsight's intent to help promote AS in outpatient settings. The committee reviewed posters to be used in these settings. The UDOH HAI/AR Program will partner with HealthInsight to help promote AS in outpatient settings as well.</p>
<p>UDOH 2016 NHSN Data Validation Recommendation</p>	<p>Ms. Snodgrass</p>	<p>Ms. Snodgrass reviewed current CDC guidance to target facility samples from facilities that would be the most susceptible to HAI infections, as well as lesser susceptible facilities to get a good sampling. CDC encourages that the SIR's as well as CAD scoring be used. Based upon Utah facilities' 2016 NHSN data, catheter associated urinary tract infections (CAUTI) and <i>Clostridium difficile</i> infections (LabID CDI) have increased and above national baseline. Ms. Snodgrass proposed that CAUTI and Cdiff be targeted for validation in 15 facilities for this year. Ms. Snodgrass will send notifications to selected facilities by March 24, 2017. Validations will begin May 16th and completed by mid-July.</p> <div style="text-align: center;">  HAI Validation Proposal.UHIP GC.21 </div>

UHIP Governance Committee Meeting ~ March 21, 2017

HAI/AR 2017 Needs Assessment Announcement	Ms. Singson	<p>Level federal funding is anticipated for FY2017.</p>  <p>ELC Funding Opportunity Announc</p>
Other Items & Future Meetings	Dr. Mayer	<p>No other questions or topics brought up.</p> <p>Meeting adjourned at 4:10 pm</p> <p>Next meeting June 20, 2017 – Olmsted Room – 3:00 pm to 4:00 pm</p>
Consent Agenda Items CIC Exam Preparatory Course	Ms. Egbert	The next CIC Exam Preparatory Course, sponsored by HealthInsight and UDOH, will be scheduled in September 2017.
FrontlineFacility Assessments Update	Ms. Varley	<p>Frontline facility assessments completed to date:</p> <p style="padding-left: 40px;">Acute Care Facilities: 53/53 (100%)</p> <p style="padding-left: 40px;">Long-Term Care Facilities: 42/103 (40%)</p> <p style="padding-left: 40px;">Dialysis Facilities: 4/38 (10%)</p> <p style="padding-left: 40px;"><u>Currently Scheduled or Ready for Scheduling for Assessments as of 3/7/2017</u></p> <p style="padding-left: 40px;">Long-Term Care Facilities: 5</p> <p style="padding-left: 40px;">Dialysis Facilities: 7</p> <p style="padding-left: 40px;"><u>Top Identified IC Gaps as of 3/7/2017</u></p> <p style="padding-left: 40px;">Acute Care</p> <ul style="list-style-type: none"> • 75% of facilities have NO hand hygiene competency/validation program • 58% of facilities have NO PPE competency/validation following training • 85% of facilities do NOT audit urinary catheter insertion practices • 60% of facilities do NOT audit safe injection practices <p style="padding-left: 40px;">Long-Term Care</p> <ul style="list-style-type: none"> • 85% of facilities do NOT have an individual responsible for IC with formal training • 56% of facilities have NO hand hygiene competency/validation program • 56% of facilities have NO PPE competency/validation following training • 41% of facilities have NO individual accountable for leading ABX Stewardship activities • 76% of facilities have NO written policies on ABX prescribing • 53% of facilities have NO implemented practices to improve ABX use • 53% of facilities do NOT have reports summarizing ABX use in the last 6 months from pharmacy data • 76% of facilities do NOT have antibiograms • 94% of facilities do NOT provide clinical prescribers with feedback about their ABX prescribing practices • 100% of facilities have NOT provided training on ABX Stewardship to all clinical providers with prescribing privileges within the last six months • 56% of facilities do NOT have personnel who have received job specific training and competency validation on cleaning and disinfection in the last six months
Ebola Assessment Hospitals'	Mr. McCulley	UDOH Emergency Preparedness is coordinating two separate exercises to test Utah's capability to safely provide care and transfer patients with highly infectious diseases, e.g. Ebola. A tabletop exercise will be held Thursday, April 6, 2017, from 9:00-12:00 a.m. with Utah and Colorado to test the Interstate Movement Plan and

UHIP Governance Committee Meeting ~ March 21, 2017

Preparedness		communications between states if a person needed to be moved. The Spring 2017 Utah Ebola Exercise, date to be determined, will involve Intermountain Medical Center's Special Pathogen Center, Davis Hospital, Primary Children's Hospital and University of Utah Medical Center. IMED, Gold Cross and Davis Hospital will conduct a patient entry and movement exercise to the IMED Special Pathogens Center. PCH and UUMC will test a walk-in patient into their Emergency Departments.
--------------	--	---